SENDER: COMPLETE THIS SECTION			COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 			A. Signature Agent Addressee B. Received by (Printed Name) D. Is delivery address different from item 1? Yes
Article Addressed to:		If YES, enter delivery address below:	
Leo Ray Fish Breeders of Idaho P.O. Box 479			
			3. Service Type Certified Mail
Hagerman, ID 83332		☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
			4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	7010	278	0 0000 2171 8051
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			